## MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

Application for Lender Single-Family Mortgage Loans

<u>Instructions:</u> Please return this completed application to:

Mary Townley, Director Homeownership Division Michigan State Housing Development Authority 735 E. Michigan Avenue P.O. Box 30044 Lansing, MI 48909

Tel: 517-373-6864 Fax: 517-373.2450 E-mail: townleym1@michigan.gov

| Co<br>Ad         | mpany Name:dress:  |
|------------------|--|
| Co<br>Titl       | deral Identification Number:   |
| Со               | ME OF PARENT COMPANY, IF DIFFERENT THAN ABOVE: mpany Name: dress:  |
| Co<br>Titl<br>Ph | deral Identification Number:   |
| 1.               | The lending institution is (check all that apply)  A state-chartered bank or national banking association  A federally chartered bank regulated by the Office of Thrift Supervision  An FHA Direct Endorsement approved mortgage lending institution  A FNMA or FHLMC approved seller/servicer  Approved by the Federal Home Loan Bank for sale of 1st residential mortgage loans  A VA-Automatic approved mortgagee  A RHS (formerly FmHA) approved mortgage  A state or federal chartered credit union |
| 2                | Please indicate the date mortgage lending operations began:  |
|                  | Does your company have the ability to close <b>AND</b> service loans in its own name?   Yes   No   |

| 4. | . In what <u>exact</u> name does your company:   |                                 |                            |                                    |                         |                    |  |  |
|----|--|---------------------------------|----------------------------|------------------------------------|-------------------------|--------------------|--|--|
|    | a.   | Originate Loans                 |                            |                                    |                         |                    |  |  |
|    | b.   | Underwrite Loans                |                            |                                    |                         | -                  |  |  |
|    | c.   | Close Loans                     |                            |                                    |                         | -                  |  |  |
|    | d.   | Fund Loans                      |                            |                                    |                         |                    |  |  |
|    | e.   | Deliver Loans                   |                            |                                    |                         | -                  |  |  |
|    |  |                                 |                            |                                    |                         |                    |  |  |
| 5. | List all branches that will be originating MSHDA loans in Michigan. (Attach a second page if necessary.) |                                 |                            |                                    |                         |                    |  |  |
|    | a.   | Name of Branch:<br>Address:     |                            |                                    |                         |                    |  |  |
|    |  | Managan                         |                            |                                    |                         |                    |  |  |
|    | b.   | Name of Branch:<br>Address:     |                            |                                    |                         |                    |  |  |
|    |  | Manager:Phone / Fax / E-mail:   |                            |                                    |                         |                    |  |  |
|    | C.   | Name of Branch:<br>Address:     |                            |                                    |                         |                    |  |  |
|    |  | Manager:Phone / Fax / E-mail: _ |                            |                                    |                         |                    |  |  |
| 6. | Ple  | ease indicate approximate       | e annual originations:     | FHA<br>VA<br>RHS<br>Conventiona    | \$<br>\$<br>\$<br>al \$ |                    |  |  |
| 7. | Plea   | ase provide the names an Name   | nd titles of the principal | officers of your N<br><u>Title</u> | ∕lichigan le            | ending institution |  |  |
| 8. |  | nes your company have a         |                            |                                    | Yes [                   | □ No               |  |  |

|            | Yes No Submit most recent copy of errors and omissions insurance coverage.  |  |  |  |  |  |
|------------|---|--|--|--|--|--|
| 10.        | Does your company have fidelity bond insurance coverage of at least \$300,000?  Yes No Submit most recent copy of fidelity bond insurance coverage.   |  |  |  |  |  |
| 11.        | 1. Are you presently licensed or registered under the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act (MCLA 445.1651 <i>et seq.</i> )?   Yes No If Yes, please submit a copy of your license or registration.  If No, please describe the exemption that applies to you:  |  |  |  |  |  |
| 12.        | Is your company a Michigan Corporation?  Yes No If Yes, include an original certified copy of your filed articles of incorporation, together with an original good standing certificate, both dated within thirty (30) days of the date of this application.  |  |  |  |  |  |
| Bus<br>cer | If No, attach an original certified copy of your articles of incorporation filed in the state of your incorporation, together with an original certified copy of your Certificate of Authority to Transact Business in Michigan, both dated within thirty (30) days of the date of this application <u>OR</u> an original certified copy of your articles of incorporation filed in the state of your incorporation together with evidence from the primary federal regulator with whom you are approved. |  |  |  |  |  |
| 13.        | 3. The MSHDA single-family mortgage program is placing special emphasis on covering smaller out-state and Upper Peninsula communities. If you have the capability to serve the smaller communities and are willing to do so, please state specifically what your capability is in this regard and what areas you propose to cover.  |  |  |  |  |  |
|            |   |  |  |  |  |  |
|            |   |  |  |  |  |  |
| PL         | EASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:   |  |  |  |  |  |
|            | EASE INCLUDE THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:  A COPY OF YOUR COMPANY'S MOST RECENT AUDITED FINANCIAL STATEMENTS  |  |  |  |  |  |
|            |   |  |  |  |  |  |
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|            | A COPY OF YOUR COMPANY'S MOST RECENT AUDITED FINANCIAL STATEMENTS A COPY OF CURRENT ERRORS AND OMISSIONS INSURANCE COVERAGE   |  |  |  |  |  |
|            | A COPY OF YOUR COMPANY'S MOST RECENT AUDITED FINANCIAL STATEMENTS  A COPY OF CURRENT ERRORS AND OMISSIONS INSURANCE COVERAGE  A COPY OF CURRENT FIDELITY BOND INSURANCE COVERAGE  COPIES OF YOUR FHA DIRECT ENDORESEMENT APPROVAL, VA AUTOMATIC APPROVAL, FHLBI APPROVAL  |  |  |  |  |  |
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| Do Not Write Below This Line, For MSHDA Use Only |                         |  |  |  |  |  |  |
|--|-------------------------|--|--|--|--|--|--|
|  |                         |  |  |  |  |  |  |
|  |                         |  |  |  |  |  |  |
|  |                         |  |  |  |  |  |  |
|  |                         |  |  |  |  |  |  |
| Date:  | MSHDA #:                |  |  |  |  |  |  |
|  | ine, For MSHDA Use Only |  |  |  |  |  |  |